

Client Satisfaction Survey

Agency Name:

Agency City:

1. How did you learn about these services?

- | | |
|---|---|
| <input type="radio"/> Friend/Relative | <input type="radio"/> Church |
| <input type="radio"/> Pregnancy Care Provider | <input type="radio"/> Health Department |
| <input type="radio"/> Media (TV, Radio, Newspaper) | <input type="radio"/> Another |
| <input type="radio"/> Adoption Agency | agency : _____ |
| <input type="radio"/> School | <input type="radio"/> Other, |
| <input type="radio"/> Hospital | specify: _____ |
| <input type="radio"/> Brochure from agency listed above | |

2. Check the services that you received.

- | | |
|--|---|
| <input type="radio"/> Prenatal Medical Care | <input type="radio"/> Drug/Alcohol |
| <input type="radio"/> Medical Care (non-pregnancy related) | Assessment/Treatment |
| <input type="radio"/> Client | <input type="radio"/> Domestic Abuse Protection |
| <input type="radio"/> Infant | <input type="radio"/> Child Care |
| <input type="radio"/> Housing | <input type="radio"/> Parenting Education/Support |
| <input type="radio"/> Alternative Education | <input type="radio"/> Transportation Resources |
| <input type="radio"/> Paternal Involvement Support | <input type="radio"/> WIC |
| <input type="radio"/> Employment Resources | <input type="radio"/> Emergency Assistance/Utility/Rent Resources |
| <input type="radio"/> Adoption Guidance | <input type="radio"/> Smoking Cessation Referrals |

3. How long did you wait for your first visit with the Resource Manager?

- | | |
|--|--------------------------------------|
| <input type="radio"/> Less than 1 week | <input type="radio"/> 3 weeks |
| <input type="radio"/> 1 week | <input type="radio"/> 4 weeks or mor |
| <input type="radio"/> 2 weeks | |

4. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?

☐ No ☐ Yes

Describe the problem:

5. Were the days and times for services good for you?

☐ No ☐ Yes

What days would have been better for you?

6. On average, how long did you have to wait before you were seen by the Resource Manager or other staff at this agency:

☐ Less than 15 minutes ☐ 1-2 hours
☐ 15-30 minutes ☐ More than 2 hours
☐ 31-45 minutes ☐ Not applicable
☐ 46 minutes-1 hour

7. During your visits:

Did the Resource Manager carefully listen to you?

☐ Yes ☐ No

Did service providers carefully listen to you?

☐ Yes ☐ No

Do you feel you participated in the goal planning?

☐ Yes ☐ No

Were things explained to you in a way you could understand?

☐ Yes ☐ No

If you checked "no" to any of the above, please explain:

8. Did you feel you were fully informed of:

Available services to continue your pregnancy?

- ☐ Yes ☐ No

Location of services?

- ☐ Yes ☐ No

Requirements of services?

- ☐ Yes ☐ No

Length of services during pregnancy and after?

- ☐ Yes ☐ No

9. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

10. Would you recommend these services to a friend or relative?

- ☐ Yes ☐ No

11. How old are you?

- | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------------|
| <input type="radio"/> Under 15 | <input type="radio"/> 20-24 | <input type="radio"/> 35-39 | <input type="radio"/> 55 or older |
| <input type="radio"/> 15-17 | <input type="radio"/> 25-29 | <input type="radio"/> 40-44 | |
| <input type="radio"/> 18-19 | <input type="radio"/> 30-34 | <input type="radio"/> 45-54 | |

12. What is your race?

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> Other |

13. Do you consider yourself to be of Hispanic origin?

- ☐ Yes ☐ No